



Department of Corrections

DEAR EMPLOYEE:

ATTACHED IS A COPY OF YOUR CS-3. PLEASE LOOK IT OVER. IF ANY INFORMATION IS INCORRECT, PLEASE COMPLETE THE FORM BELOW AND RETURN TO PERSONNEL OR CALL 462-3250. THE FOLLOWING IS AN EXPLANATION OF SOME OF THE CODES ON THIS FORM:

FIELD #17 MINORITY

- 1 = BLACK
- 2 = HISPANIC
- 3 = AMERICAN INDIAN OR ALASKAN NATIVE
- 4 = ASIAN OR PACIFIC ISLANDER
- 5 = WHITE

FIELD #18 HANDICAP

AN * APPEARS FOR ALL
EMPLOYEES

FIELD #19 VETERAN

- 0 = NON VETERAN
- 1 = NON-WAR VETERAN
- 2 = WAR VETERAN
- 3 = DISABLED WAR VETERAN

FIELD #20 MARITAL

- 1 = SINGLE
- 2 = MARRIED
- 3 = DIVORCED
- 4 = WIDOWED

FIELD #21 EDUCATION

- 012 = HIGH SCHOOL GRAD
- 013 = HIGH SCHOOL
EQUIVALENCY
- 014 = COMPLETED 1 YEAR
OF COLLEGE
- 015 = COMPLETED 2 YEARS
OF COLLEGE
- 016 = COMPLETED 3 YEARS
OF COLLEGE
- 017 = BACHELOR OF ARTS
- 018 = BACHELOR OF
SCIENCE
- 019 = BACHELOR OF LAW
- 020 = 2 BACHELOR DEGREES
- 021 = MASTER OF ARTS
- 023 = MASTER OF BUS. ADM.
- 025 = MASTER OF PUBLIC
ADMINISTRATION
- 028 = 2 MASTER DEGREES

FIELD #40 EMPLOYEE STATUS

- 1 = PROBATIONAL
- 2 = TEMPORARY
- 3 = PERMANENT
- 4 = STATUTORY
- 5 = UNCLASSIFIED
- 8 = VETERANS

FIELD #2 ACTION

- S02 = PAY PLAN ADJ.
- S03 = STEP INCREASE
- S04 = SHIFT CHANGE
- S08 = LONGEVITY
- E02 = STATUS CHANGE

IF YOU WOULD LIKE TO SUPPLY THIS OFFICE WITH THE NAME, ADDRESS AND PHONE NUMBER OF SOMEONE WE COULD NOTIFY IN CASE OF AN EMERGENCY, PLEASE DO SO ON THIS FORM OR CALL THE PERSONNEL OFFICE.

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CS-3 CHANGE FORM

NAME _____ SS# _____

ADDRESS: _____

PHONE #: _____ ANY OTHER CHANGES: _____

IN CASE OF EMERGENCY CONTACT: _____

SIGNATURE: _____ DATE: _____